

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Illinois Republican Party

ADDRESS (number and street)

P.O. Box 64897

☐Check if different  
than previously  
reported. (ACC)

Chicago

IL

60664

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005926

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dave Syverson, Treasurer

Signature of Treasurer

Electronically Filed by Dave Syverson, Treasurer

Date

05

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 29

Write or Type Committee Name  
Illinois Republican Party

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	115300.74
(b) Cash on Hand at Beginning of Reporting Period .....	52436.33	
(c) Total Receipts (from Line 19) .....	98110.19	288055.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	150546.52	403356.14
7. Total Disbursements (from Line 31) .....	52845.17	305654.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	97701.35	97701.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

Illinois Republican Party

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	20690.00	76770.00
(ii) Unitemized .....	21420.19	115285.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	42110.19	192055.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	42110.19	192055.40
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	56000.00	96000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	56000.00	96000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	98110.19	288055.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42110.19	192055.40

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	3743.38	43556.50	
(ii) Non-Federal Share.....	14082.30	163854.94	
(b) Other Federal Operating Expenditures.....	29520.71	87744.57	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	47346.39	295156.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	5498.78	5498.78	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	5498.78	5498.78	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52845.17	305654.79	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38762.87	141799.85	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	42110.19	192055.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42110.19	187055.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33264.09	131301.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33264.09	131301.07

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Illinois Republican Party		
NAME OF ACCOUNT LEVIN		

  

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	20.00	80.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	20.00	80.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	260.00	320.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	260.00	320.00
10. DISBURSEMENTS..... (From Line 6)	20.00	80.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	240.00	240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Adam Andrzejewski

Mailing Address 116 S York St

City

Elmhurst

State

IL

Zip Code

60126-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00514.C316867

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Carney Barr

Mailing Address 918 Verne Ln

City

Flossmoor

State

IL

Zip Code

60422-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Township of Rich

Occupation

Financial Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: 00514.C316727

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Raymond Fauber

Mailing Address 5 Sandalwood Ln

City

Bartonville

State

IL

Zip Code

61607-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 00415.C316483

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Richard Kavanagh

Mailing Address 401 Ashley Dr

City

New Lenox

State

IL

Zip Code

60451-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dykema Gossett Reeks Pitts

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00514.C316868

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Michael Keiser

Mailing Address 2450 N. Lakeview Ave.

City

Chicago

State

IL

Zip Code

60614-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RPG, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00514.C316865

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

F Lynn Mcpheeters

Mailing Address 7226 N Charles Way

City

Peoria

State

IL

Zip Code

61614-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

Transaction ID: 00415.C316397

Amount of Each Receipt this Period

220.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Joseph Organ

Mailing Address 1213 Park Ave.

City

River Forest

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayer Brown

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 00416.C316514

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Joanne Plummer

Mailing Address 1040 N Lake Shore Dr Apt 17A

City

Chicago

State

IL

Zip Code

60611-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: 00514.C316720

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Steven Spiess

Mailing Address 26435 S Cedar Rd

City

Manhattan

State

IL

Zip Code

60442-9473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven Spiess Construction  
Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 00416.C316584

Amount of Each Receipt this Period

220.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Edmund Thornton

Mailing Address P.O. Box 1

City

Ottawa

State

IL

Zip Code

61350-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: 00514.C316719

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

George Violin

Mailing Address 16 Main St

City

Dover

State

MA

Zip Code

02030-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Eye Care Assoc.,  
P.C.

Occupation

Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00514.C316870

Amount of Each Receipt this Period

10000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard Williamson

Mailing Address 322 Woodstock Ave

City

Kenilworth

State

IL

Zip Code

60043-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Govt

Occupation

Ambassador

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00514.C316866

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

16000.00

TOTAL This Period (last page this line number only) .....

20690.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Establishment Services	<b>Transaction ID:</b> 00514.E23393 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	0												
City Phoenix State AZ Zip Code 85072-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CREDIT CARD PROCESSING																					
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Establishment Services	<b>Transaction ID:</b> 00514.E23374 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
City Phoenix State AZ Zip Code 85072-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">11.94</td> </tr> </table>	11.94																			
11.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CREDIT CARD PROCESSING																					
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Establishment Services	<b>Transaction ID:</b> 00514.E23379 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Phoenix State AZ Zip Code 85072-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">310.00</td> </tr> </table>	310.00																			
310.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CREDIT CARD PROCESSING																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**326.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Certegy Merchant Relations	<b>Transaction ID:</b> 00514.E23353 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 30070 TA-02	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
<table border="1"> <tr> <td>City Tampa</td> <td>State FL</td> <td>Zip Code 33630-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Credit Card Processing</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Tampa	State FL	Zip Code 33630-	Purpose of Disbursement Credit Card Processing		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>111.29</td> </tr> </table>	111.29											
City Tampa	State FL	Zip Code 33630-																			
Purpose of Disbursement Credit Card Processing		<input type="text"/> Category/ Type																			
Candidate Name																					
111.29																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:		CREDIT CARD PROCESSING														
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) Certegy Merchant Relations	<b>Transaction ID:</b> 00514.E23378 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 30070 TA-02	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
<table border="1"> <tr> <td>City Tampa</td> <td>State FL</td> <td>Zip Code 33630-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Credit Card Processing</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Tampa	State FL	Zip Code 33630-	Purpose of Disbursement Credit Card Processing		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>24.95</td> </tr> </table>	24.95											
City Tampa	State FL	Zip Code 33630-																			
Purpose of Disbursement Credit Card Processing		<input type="text"/> Category/ Type																			
Candidate Name																					
24.95																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:		CREDIT CARD PROCESSING														
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) EDonation 1 Account	<b>Transaction ID:</b> 00514.E23346 <b>Date of Disbursement</b>																				
Mailing Address 118 N. Saint Asaph St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	0												
<table border="1"> <tr> <td>City Alexandria</td> <td>State VA</td> <td>Zip Code 22314-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Party Fundraising Internet</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Alexandria	State VA	Zip Code 22314-	Purpose of Disbursement Party Fundraising Internet		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.12</td> </tr> </table>	5.12											
City Alexandria	State VA	Zip Code 22314-																			
Purpose of Disbursement Party Fundraising Internet		<input type="text"/> Category/ Type																			
Candidate Name																					
5.12																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:		PARTY FUNDRAISING INTERNET														
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**141.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) EDonation 1 Account	<b>Transaction ID:</b> 00514.E23345 <b>Date of Disbursement</b>																				
Mailing Address 118 N. Saint Asaph St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	0												
City Alexandria State VA Zip Code 22314- Purpose of Disbursement Party Fundraising Internet Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>91.25</td> </tr> </table>	91.25																			
91.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PARTY FUNDRAISING INTERNET																				
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect, LLC	<b>Transaction ID:</b> 00514.E23377 <b>Date of Disbursement</b>																				
Mailing Address 7300 Hudson Blvd N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Saint Paul State MN Zip Code 55128-7141 Purpose of Disbursement Party Fundraising Telemarketing Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PARTY FUNDRAISING TELEMAR- KETING																				
<b>C.</b> Full Name (Last, First, Middle Initial) The Northern Trust Company	<b>Transaction ID:</b> 00514.E23372 <b>Date of Disbursement</b>																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
City Chicago State IL Zip Code 60603-1006 Purpose of Disbursement Service Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SERVICE FEE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5111.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
The Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603-1006

Purpose of Disbursement  
Service Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23371

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

**SERVICE FEE**

**B.**

Full Name (Last, First, Middle Initial)  
The Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603-1006

Purpose of Disbursement  
Service Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23395

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

**SERVICE FEE**

**C.**

Full Name (Last, First, Middle Initial)  
Pinnacle Direct, Inc.

Mailing Address 15260 113th St. North

City Stillwater State MN Zip Code 55082-9575

Purpose of Disbursement  
Party Fundraising Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23370

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6741.78

**PARTY FUNDRAISING MAIL**

**SUBTOTAL** of Disbursements This Page (optional) .....

6776.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Southwest Publishing

Mailing Address 2600 NW Topeka Blvd.

City Topeka State KS Zip Code 66617-

Purpose of Disbursement  
Party Fundraising Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13531.51

PARTY FUNDRAISING MAIL

**B.**

Full Name (Last, First, Middle Initial)  
SBDM

Mailing Address P.O. Box 706

City Tallahassee State FL Zip Code 32302-

Purpose of Disbursement  
Party Fundraising Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3633.42

PARTY FUNDRAISING MAIL

**SUBTOTAL** of Disbursements This Page (optional) .....

17164.93

**TOTAL** This Period (last page this line number only) .....

29520.71

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23358

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2202.19

FEA PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23383

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2202.19

FEA PAYROLL

**C.**

Full Name (Last, First, Middle Initial)  
Illinois Department of Employment Securi

Mailing Address PO Box 19300

City Springfield State IL Zip Code 62794-

Purpose of Disbursement  
FEA Unemployment Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00514.E23382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

406.90

FEA UNEMPLOYMENT TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

4811.28

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
IL State Board of Elections

Mailing Address P.O. Box 4087

City Springfield State IL Zip Code 62708-

Purpose of Disbursement  
FEA: Voter Registration List

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00514.E23368

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

FEA: VOTER REGISTRATION  
LIST

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

5311.28

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 18 / 29  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party  
Northern Trust No

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

TOTAL AMOUNT TRANSFERRED

56000.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

56000.00

Transaction ID: H300514.C316960

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

56000.00

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

56000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 19 / 29  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**

Priscilla DePree

## Mailing Address

1945 N Sheffield Ave Apt 203

City	State	Zip Code
Chicago	IL	60614-5551

 Purpose of Disbursement:  
Reimbursement: Health Insurance Con
Category/  
Type
 Activity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205632.90

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	0

Transaction ID: H400514.E23341

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-113.43		-426.72		-540.15

**B. Full Name (Last, First, Middle Initial)**

Hilton Springfield

## Mailing Address

700 E. Adams

City	State	Zip Code
Springfield	IL	62701-

 Purpose of Disbursement:  
Reimbursement: Party MeetingExpense
Category/  
Type
 Activity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

206173.05

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	0

Transaction ID: H400514.E23343

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-194.26		-730.78		-925.04

**C. Full Name (Last, First, Middle Initial)**

The Guardian

## Mailing Address

P.O. Box 8012

City	State	Zip Code
Appleton	WI	54913-8012

 Purpose of Disbursement:  
Reimbursement: Health Insurance Con
Category/  
Type
 Activity or Event Identifier:  
ADMINISTRATION B 31

[MEMO ITEM] Reimbursement: Health Insurance Con

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

-540.15

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	0

Transaction ID: H400514.E23342

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-113.43		-426.72		-540.15

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-307.69		-1157.50		-1465.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Illinois Department of Revenue

Mailing Address

P.O. Box 88294

City State Zip Code  
 Chicago IL 60680-

Purpose of Disbursement:  
 Non-FEA Payroll Taxes

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194983.23

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 4 / 0 1 / 2 0 1 0

Transaction ID: H400514.E23348

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 67.78		<input type="text"/> 254.98		<input type="text"/> 322.76

**B. Full Name (Last, First, Middle Initial)**  
 PKL Consulting

Mailing Address

611 Thornwood Ln

City State Zip Code  
 Northfield IL 60093-1135

Purpose of Disbursement:  
 Party Fundraising Consulting Fee

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

200084.59

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 4 / 0 1 / 2 0 1 0

Transaction ID: H400514.E23349

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1050.00		<input type="text"/> 3950.00		<input type="text"/> 5000.00

**C. Full Name (Last, First, Middle Initial)**  
 Comcast Cable

Mailing Address

P.O. Box 3001

City State Zip Code  
 Southeastern PA 19398-

Purpose of Disbursement:  
 Cable Television

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

195084.59

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 4 / 0 1 / 2 0 1 0

Transaction ID: H400514.E23350

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 21.29		<input type="text"/> 80.07		<input type="text"/> 101.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1139.07		<input type="text"/> 4285.05		<input type="text"/> 5424.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 / 29

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**

FedEx

Mailing Address

P.O. Box 727

City

State

Zip Code

Memphis

TN

38101-2112

Purpose of Disbursement:  
Parcel DeliveryCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194660.47

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	0

Transaction ID: H400514.E23351

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

12.94

48.70

61.64

**B. Full Name (Last, First, Middle Initial)**

Public Storage

Mailing Address

2400 Palmer Drive

City

State

Zip Code

Schaumburg

IL

60173-

Purpose of Disbursement:  
StorageCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

200183.59

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	1	0

Transaction ID: H400514.E23352

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20.79

78.21

99.00

**C. Full Name (Last, First, Middle Initial)**

Internal Revenue Service

Mailing Address

P.O. Box 970010

City

State

Zip Code

Saint Louis

MO

63197-0010

Purpose of Disbursement:  
Non-FEA Payroll TaxesCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

203181.92

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	1	0

Transaction ID: H400514.E23354

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

629.65

2368.68

2998.33

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

663.38

2495.59

3158.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Rescignos Mailing Solutions, Inc.

Mailing Address

7501 W 85th St

City

State

Zip Code

Bridgeview

IL

60455-1904

Purpose of Disbursement:

Party Printing Non Candidate

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205045.05

Date

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

Transaction ID: H400514.E23355

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

330.75

1244.25

1575.00

**B. Full Name (Last, First, Middle Initial)**  
 Union League Club Of Chicago

Mailing Address

65 W. Jackson Boulevard

City

State

Zip Code

Chicago

IL

60604-

Purpose of Disbursement:

Voided Check

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194562.84

Date

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

Transaction ID: H400514.E23356

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

-1810.01

-6809.07

-8619.08

**C. Full Name (Last, First, Middle Initial)**  
 Union League Club Of Chicago

Mailing Address

65 W. Jackson Boulevard

City

State

Zip Code

Chicago

IL

60604-

Purpose of Disbursement:

Party Room Rental &amp; Catering

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

203470.05

Date

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

Transaction ID: H400514.E23357

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1870.51

7036.70

8907.21

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

391.25

1471.88

1863.13

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**

Curt Conrad

Mailing Address

2704 Cronin Dr

City

State

Zip Code

Springfield

IL

62711-7083

Purpose of Disbursement:  
Reimbursement: MileageCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205934.32

Date 04 / 15 / 2010

Transaction ID: H400514.E23359

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

149.10

560.90

710.00

**B. Full Name (Last, First, Middle Initial)**

Curt Conrad

Mailing Address

2704 Cronin Dr

City

State

Zip Code

Springfield

IL

62711-7083

Purpose of Disbursement:  
Reimbursement: See MemosCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

206346.96

Date 04 / 15 / 2010

Transaction ID: H400514.E23360

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

86.65

325.99

412.64

**C. Full Name (Last, First, Middle Initial)**

Randolph &amp; Wells Self Parking

Mailing Address

200 W. Randolph Street

City

State

Zip Code

Chicago

IL

60601-

Purpose of Disbursement:  
Parking: Curt Conrad 4-15-10Category/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

[MEMO ITEM] Parking: Curt Conrad 4-15-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

71.00

Date 04 / 15 / 2010

Transaction ID: H400514.E23362

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.91

56.09

71.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

235.75

886.89

1122.64

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 24 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 InterContinental Hotels

Mailing Address

3 Ravinia Drive Suite 100

City State Zip Code  
 Atlanta GA 30346-

Purpose of Disbursement:  
 Hotel: Curt Conrad 4-15-10

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

**[MEMO ITEM]** Hotel: Curt Conrad 4-15-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96.94

Date 04 / 15 / 2010

Transaction ID: H400514.E23361

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

20.36

76.58

96.94

**B. Full Name (Last, First, Middle Initial)**  
 Saputos Italian Foods Inc.

Mailing Address

801 E Monroe St.

City State Zip Code  
 Springfield IL 62701-1915

Purpose of Disbursement:  
 Meal Reimbursement:C.Conrad 4-15-10

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

**[MEMO ITEM]** Meal Reimbursement:C.Conrad 4-15-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

87.65

Date 04 / 15 / 2010

Transaction ID: H400514.E23363

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

18.41

69.24

87.65

**C. Full Name (Last, First, Middle Initial)**  
 Quicksilver Mailing Services

Mailing Address

PO Box 1454

City State Zip Code  
 Springfield IL 62705-1454

Purpose of Disbursement:  
 Generic Non-FEA NoCand Mail Service

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205224.32

Date 04 / 15 / 2010

Transaction ID: H400514.E23366

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

37.65

141.62

179.27

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

37.65

141.62

179.27

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 25 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**

The Stoneridge Group, LLC

## Mailing Address

554 West Main Street Building A, Suite 200

City State Zip Code

Buford GA 30518-

Purpose of Disbursement:  
Party PrintingCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

207098.09

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	0

Transaction ID: H400514.E23369

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

157.74

593.39

751.13

**B. Full Name (Last, First, Middle Initial)**

The Village Restaurant

## Mailing Address

71 W Monroe St

City State Zip Code

Chicago IL 60603-4910

Purpose of Disbursement:  
Meal: Curt Conrad 4-15-10Category/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31**[MEMO ITEM]** Meal: Curt Conrad 4-15-10

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

157.05

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: H400514.E23375

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.98

124.07

157.05

**C. Full Name (Last, First, Middle Initial)**

Political Technologies

## Mailing Address

2028 Harrison St Ste 108 Suite 108

City State Zip Code

Hollywood FL 33020-7845

Purpose of Disbursement:  
Non Can. Spec. Research ApplicationCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 31

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205932.90

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	0

Transaction ID: H400514.E23376

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

63.00

237.00

300.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

220.74

830.39

1051.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 26 / 29  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Curt Conrad

Mailing Address  
 2704 Cronin Dr

City State Zip Code  
 Springfield IL 62711-7083

Purpose of Disbursement:  
 Reimbursement: Mileage

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

206743.90

Date M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

Transaction ID: H400514.E23384

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

170.31

640.69

811.00

**B. Full Name (Last, First, Middle Initial)**  
 Curt Conrad

Mailing Address  
 2704 Cronin Dr

City State Zip Code  
 Springfield IL 62711-7083

Purpose of Disbursement:  
 Reimbursement: See Memos

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

207411.44

Date M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

Transaction ID: H400514.E23385

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

140.18

527.36

667.54

**C. Full Name (Last, First, Middle Initial)**  
 Verizon Wireless

Mailing Address  
 P.O. Box 25506

City State Zip Code  
 Lehigh Valley PA 18002-

Purpose of Disbursement:  
 Cell Phone: C.Conrad 4-30-10

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 31

[MEMO ITEM] Cell Phone: C.Conrad 4-30-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100.00

Date M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

Transaction ID: H400514.E23391

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

21.00

79.00

100.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

310.49

1168.05

1478.54

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 27 / 29

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Wishbone

Mailing Address

1001 W Washington Blvd

City

State

Zip Code

Chicago

IL

60607-2102

Purpose of Disbursement:

Meal: Curt Conrad 4-30-10

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

[MEMO ITEM] Meal: Curt Conrad 4-30-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

13.38

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: H400514.E23388

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.81

10.57

13.38

**B. Full Name (Last, First, Middle Initial)**  
 Crowne Plaza Chicago

Mailing Address

733 W Madison St

City

State

Zip Code

Chicago

IL

60661-2401

Purpose of Disbursement:

Hotel: C.Conrad 4-30-10

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

[MEMO ITEM] Hotel: C.Conrad 4-30-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205.64

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: H400514.E23388

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

43.18

162.46

205.64

**C. Full Name (Last, First, Middle Initial)**  
 Crowne Plaza Downtown

Mailing Address

160 E Huron St

City

State

Zip Code

Chicago

IL

60611-2925

Purpose of Disbursement:

Hotel: Curt Conrad 4-30-10

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 31

[MEMO ITEM] Hotel: Curt Conrad 4-30-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205.52

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: H400514.E23389

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

43.16

162.36

205.52

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 28 / 29  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Friends Of Wayne Rosenthal

Mailing Address

209 S Monroe St

City	State	Zip Code
Morrisonville	IL	62546-6763

Purpose of Disbursement:  
EventTic.Reimburse:C.Conrad4-30-10

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 31

**[MEMO ITEM]**EventTic.Reimburse:C.Conrad4-30-10

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

50.00

Date 04 / 30 / 2010

Transaction ID: H400514.E23390

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

10.50

39.50

50.00

**B. Full Name (Last, First, Middle Initial)**  
The Guardian

Mailing Address

P.O. Box 8012

City	State	Zip Code
Appleton	WI	54913-8012

Purpose of Disbursement:  
Non-FEA Health Insurance

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

194598.83

Date 04 / 01 / 2010

Transaction ID: H400514.E23394

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1052.74

3960.33

5013.07

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1052.74

3960.33

5013.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

3743.38

14082.30

17825.68

# **SCHEDULE L-B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER:  
(check only one)

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☐ 4a ☐ 4c ☒ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

The Northern Trust Company

Mailing Address 50 S La Salle St

City

Chicago

State

IL

Zip Code

60603-1006

Purpose of Disbursement

Service Fee

**Transaction ID:** 4B00514.E23373

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**Account:** LEVIN

**SUBTOTAL** of Disbursements This Page (optional) .....

20.00

**TOTAL** This Period (last page this line number only) .....

20.00